PA	TENT APPLICATION	N FEE: DETERMIN Vide for Form PTO-875	espond to a collection of info	ademark Office, U.S rmation unless it dis Applij	DEPARTMENT OF COMM plays a valid OMB control nu cation or Docket Number	1-003 ERC Imbe
	CLAIMS AS FILED			10	0-0893	12
FOR	(Column 1) NUMBER FILED	(Column 2)	SMALL EN	ITITY OR	OTHER THAN SMALL ENTITY	
BASIC FEE (37 CFR 1.16(a))	HOMBER FICED	NUMBER EXTRA	RATE	FEE	CAYS	-
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20			OR	RATE FEE	 -
INDEPENDENT CLAIM. (37 CFR 1.16(b))	S minus 3		X \$ =	OR	X \$=	
MULTIPLE DEPENDENT		OFR 1.16(d))	X S =	OR	x s=	
'If the difference in colu	ımn 1 is less than zero, enter	"0" in column 2	+ \$ = TOTAL	· OR	+ \$=	
ひょこりょく スピ	IMS AS AMENDED - 1	PART II	TOTAL	OR	TOTAL.	4
	CLAIMS	(Column 2) (Column 3) SMALL ENTIT	·v OR	OTHER THAN	.
I /17/05 AN	AFTER PR	HIGHEST HUMBER PRESENT EVIOUSLY EXTRA	RATE AD	DI.	SMALL ENTITY	4
O (37 CFR 1.16(c))	20 Minus "	AID FOR =	FE	NAL EE	RATE ADDI- TIONAL FEE	1
(37 CFR 1.16(b))	Minus	3	x:25 = x:100	OR X	150 =	+
PRESENTATION	OF MULTIPLE DEPENDENT CU	UM (37 CFR 1.16(d))	1480=		:20=	≥
(Col	umn 1) (Co		TOTAL ADD'L FEE	70	360= TAL	0
CL	AIMS HIG	olumn 2) (Column 3) HEST			D'L FEE	2
Total	IDMENT PAID	MBER PRESENT OUSLY EXTRA FOR	RATE ADDI- TIONAL		RATE ADDI-	L
(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	Minus **	8	x : Z 5 =		TIONAL FEE	
FIRST PRESENTATION OF	MULTIPLE DEPENDENT CLAIM		× \$ 100=		50 = 200 =	-
	CE DEPENDENT CLAIM	(37 CFR 1.16(d))	+ \$/BO=	OR +3		<
(Colum	n 1) (Colum	n 2) (O-1	ADD'L FEE	OR ADD'L		AVAII ADIE
CLAII REMAIN AFTE	NING HIGHE NUMBE	ST PRECENT	RATE ADDI	7		
Total *	R PREVIOU PAID FO Minus **	SIV EYTDA	TIONAL FEE	RAT	E ADDI- TIONAL	1
Independent (37 CFR 1.16(b))	Minus ***		x <u> </u>	OR x : 50	FEE	
TRST PRESENTATION OF MU	LTIPLE DEPENDENT CLAIM (3	7 CER 1 16(4))	x 1/00=	OR X S ZO		
the entry in and			+ \$ /80= TOTAL NDD'L FEE	OR + 36	· · · · · · · · · · · · · · · · · · ·	
the "Highest Number Previous Highest Number Previous "Highest Number Pr	s than the entry in column'2, ously Paid For" IN THIS SPA ously Paid For" IN THIS SPAC isly Paid For" (Total or Indepe	write "0" in column 3. CE is less than 20, enter " CE is less than 2	20".	OR ADD'L FE	E	
ction of information is some		nden() is the bloboot		•	1	

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.